

1. CIR./DIST./DIV. CODE		2. PERSON REPRESENTED		VOUCHER NUMBER																															
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER		5. APPEALS DKT./DEF. NUMBER																															
6. OTHER DKT. NUMBER																																			
7. IN CASE/MATTER OF ( <i>Case Name</i> )		8. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Other <input type="checkbox"/> Habeas Petitioner <input type="checkbox"/> Appellee		9. REPRESENTATION TYPE <input type="checkbox"/> D1 28 U.S.C. § 2254 Habeas (Capital) <input type="checkbox"/> D3 28 U.S.C. § 2255 (Capital) <input type="checkbox"/> D2 Federal Capital Prosecution <input type="checkbox"/> D4 Other (Specify)																															
10. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i>																																			
<b>REQUEST AND AUTHORIZATION FOR EXPERT SERVICES</b>																																			
11. ATTORNEY'S STATEMENT As the attorney for the person represented, who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request: <input type="checkbox"/> Authorization to obtain the service. Estimated Compensation and Expenses: \$ _____ OR <input type="checkbox"/> Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. ( <i>See Instructions</i> )  Signature of _____ Date _____ <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization ATTORNEY'S NAME ( <i>First Name, M.I., Last Name, including any suffix</i> ), AND MAILING ADDRESS _____  Telephone Number: _____																																			
12. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES ( <i>See Instructions</i> )			13. TYPE OF SERVICE PROVIDER																																
14. COURT ORDER    Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 11 is hereby granted.  _____ Signature of Presiding Judicial Officer or By Order of the Court  _____ Date of Order    Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of authorization. <input type="checkbox"/> YES <input type="checkbox"/> NO			01 <input type="checkbox"/> Investigator																																
			02 <input type="checkbox"/> Interpreter/Translator																																
			03 <input type="checkbox"/> Psychologist																																
			04 <input type="checkbox"/> Psychiatrist																																
			05 <input type="checkbox"/> Polygraph																																
			06 <input type="checkbox"/> Documents Examiner																																
			07 <input type="checkbox"/> Fingerprint Analyst																																
			08 <input type="checkbox"/> Accountant																																
			09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.)																																
			10 <input type="checkbox"/> Chemist/Toxicologist																																
			11 <input type="checkbox"/> Ballistics																																
			13 <input type="checkbox"/> Weapons/Firearms/Explosive Expert																																
			14 <input type="checkbox"/> Pathologist/Medical Examiner																																
						15 <input type="checkbox"/> Other Medical																													
			16 <input type="checkbox"/> Voice/Audio Analyst																																
			17 <input type="checkbox"/> Hair/Fiber Expert																																
			18 <input type="checkbox"/> Computer (Hardware/Software/Systems)																																
			19 <input type="checkbox"/> Paralegal Services																																
			20 <input type="checkbox"/> Legal Analyst/Consultant																																
			21 <input type="checkbox"/> Jury Consultant																																
			22 <input type="checkbox"/> Mitigation Specialist																																
			23 <input type="checkbox"/> Duplication Services ( <i>See Instructions</i> )																																
			24 <input type="checkbox"/> Other ( <i>Specify</i> ) _____																																
15. STAGE OF PROCEEDING    Check the box which corresponds to the stage of the proceeding during which the work claimed at Item 16 was performed even if the work is intended to be used in connection with a later stage of the proceeding. CHECK NO MORE THAN ONE BOX. Submit a separate voucher for each stage of the proceeding.																																			
<table style="width:100%; border: none;"> <tr> <td colspan="2" style="text-align: center;"><b>CAPITAL PROSECUTION</b></td> <td colspan="2" style="text-align: center;"><b>HABEAS CORPUS</b></td> <td colspan="2" style="text-align: center;"><b>OTHER PROCEEDING</b></td> </tr> <tr> <td>a. <input type="checkbox"/> Pre-Trial</td> <td>e. <input type="checkbox"/> Appeal</td> <td>g. <input type="checkbox"/> Habeas Petition</td> <td>k. <input type="checkbox"/> Petition for the</td> <td>l. <input type="checkbox"/> Stay of Execution</td> <td>o. <input type="checkbox"/> Other</td> </tr> <tr> <td>b. <input type="checkbox"/> Trial</td> <td>f. <input type="checkbox"/> Petition for the</td> <td>h. <input type="checkbox"/> Evidentiary Hearing</td> <td>U.S. Supreme Court</td> <td>m. <input type="checkbox"/> Appeal of Denial of Stay</td> <td></td> </tr> <tr> <td>c. <input type="checkbox"/> Sentencing</td> <td>U.S. Supreme Court</td> <td>i. <input type="checkbox"/> Dispositive Motions</td> <td>Writ of Certiorari</td> <td>n. <input type="checkbox"/> Petition for Writ of Certiorari to the U.S. Supreme Court Regarding Denial of Stay</td> <td></td> </tr> <tr> <td>d. <input type="checkbox"/> Other Post Trial</td> <td>Writ of Certiorari</td> <td>j. <input type="checkbox"/> Appeal</td> <td></td> <td></td> <td></td> </tr> </table>						<b>CAPITAL PROSECUTION</b>		<b>HABEAS CORPUS</b>		<b>OTHER PROCEEDING</b>		a. <input type="checkbox"/> Pre-Trial	e. <input type="checkbox"/> Appeal	g. <input type="checkbox"/> Habeas Petition	k. <input type="checkbox"/> Petition for the	l. <input type="checkbox"/> Stay of Execution	o. <input type="checkbox"/> Other	b. <input type="checkbox"/> Trial	f. <input type="checkbox"/> Petition for the	h. <input type="checkbox"/> Evidentiary Hearing	U.S. Supreme Court	m. <input type="checkbox"/> Appeal of Denial of Stay		c. <input type="checkbox"/> Sentencing	U.S. Supreme Court	i. <input type="checkbox"/> Dispositive Motions	Writ of Certiorari	n. <input type="checkbox"/> Petition for Writ of Certiorari to the U.S. Supreme Court Regarding Denial of Stay		d. <input type="checkbox"/> Other Post Trial	Writ of Certiorari	j. <input type="checkbox"/> Appeal			
<b>CAPITAL PROSECUTION</b>		<b>HABEAS CORPUS</b>		<b>OTHER PROCEEDING</b>																															
a. <input type="checkbox"/> Pre-Trial	e. <input type="checkbox"/> Appeal	g. <input type="checkbox"/> Habeas Petition	k. <input type="checkbox"/> Petition for the	l. <input type="checkbox"/> Stay of Execution	o. <input type="checkbox"/> Other																														
b. <input type="checkbox"/> Trial	f. <input type="checkbox"/> Petition for the	h. <input type="checkbox"/> Evidentiary Hearing	U.S. Supreme Court	m. <input type="checkbox"/> Appeal of Denial of Stay																															
c. <input type="checkbox"/> Sentencing	U.S. Supreme Court	i. <input type="checkbox"/> Dispositive Motions	Writ of Certiorari	n. <input type="checkbox"/> Petition for Writ of Certiorari to the U.S. Supreme Court Regarding Denial of Stay																															
d. <input type="checkbox"/> Other Post Trial	Writ of Certiorari	j. <input type="checkbox"/> Appeal																																	
<b>CLAIM FOR SERVICES AND EXPENSES</b>			<b>FOR COURT USE ONLY</b>																																
16. SERVICES AND EXPENSES ( <i>Attach itemization of services with dates</i> )		AMOUNT CLAIMED		MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW																														
a. Compensation																																			
b. Travel Expenses ( <i>lodging, parking, meals, mileage, etc.</i> )																																			
c. Other Expenses																																			
<b>GRAND TOTALS (CLAIMED AND ADJUSTED):</b>																																			
17. PAYEE'S NAME ( <i>First Name, M.I., Last Name, including any suffix</i> ), AND MAILING ADDRESS _____  TIN: _____  Telephone _____  CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE _____ TO _____ CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment ( <i>compensation or anything of value</i> ) from any other source for these services.  Signature of _____ Date _____																																			
18. CERTIFICATION OF ATTORNEY    I hereby certify that the services were rendered for this case.  Signature of _____ Date _____																																			
<b>APPROVED FOR PAYMENT — COURT USE ONLY</b>																																			
19. TOTAL COMPENSATION		20. TRAVEL EXPENSES		21. OTHER EXPENSES																															
22. TOTAL AMOUNT APPROVED/CERTIFIED																																			
23. <input type="checkbox"/> Either the cost ( <i>excluding expenses</i> ) of these services does not exceed \$300, or prior authorization was obtained; OR <input type="checkbox"/> In the interest of justice the Court finds that timely procurement of these necessary services could not await prior authorization, even though the cost ( <i>excluding expenses</i> ) exceeds _____ Signature of Presiding Judicial Officer    Date    Judge/Mag. Judge Code																																			
24. TOTAL COMPENSATION		25. TRAVEL EXPENSES		26. OTHER EXPENSES																															
27. TOTAL AMOUNT APPROVED																																			
28. FOR REPRESENTATIONS COMMENCED AND APPELLATE PROCEEDINGS IN WHICH AN APPEAL IS PERFECTED ON OR AFTER APRIL 24, 1996, A. Total compensation and expense payments approved to date (include amounts withheld for interim payments) for investigative, expert and other services for this representation is \$ _____ B. Payment approved (compensation and expenses) in excess of the statutory threshold for investigative, expert and other services under 21 U.S.C. § 848(q)(10)(B).  _____ Signature of Chief Judge, Court of Appeals (or Delegate)    Date    Judge Code																																			